

A Snapshot of Your Coverage*

Service & Description	Option 1	Option 2
Diagnostic & Preventive Services Exams, cleanings, x-rays, fluoride treatments, space maintainers, sealants	100%	100%
Basic Services Emergency treatment for relief of pain, amalgam and composite resin restorations (white fillings) on anterior (front) teeth	0%	60%
Oral Surgery Simple Surgical / Nonsurgical extractions	0%	50%
Calendar Year Deductible Individual Family Maximum	\$0 \$0	\$15 3x
Deductible waived for Preventive	Yes	Yes
Calendar Year Maximum	\$500	\$750
Network	Delta Dental PPO SM and Delta Dental Premier SM	
Eligible Dependents	Spouse and unmarried dependent children up to age 26.	
Total Monthly Rates		
	Option 1	Option 2
Employee	\$20.90	\$28.06
Family	\$67.22	\$90.20

Renewal rates effective 7/1/2018 – 6/30/2019

**This is a summary of benefits only and does not guarantee coverage. Employee options are two year elections.*

***Dentists who have signed a participating network agreement with Delta Dental have agreed to accept the maximum allowable fee as payment in full. Non-participating dentists have not signed an agreement and are not obligated to limit the amount they charge; the member is responsible for paying any difference to the non-participating dentists.*

Why Choose a Delta Dental Plan?

Delta Dental of Minnesota has designed your plan so it is easy to use and gives you and your family maximum savings and easy access to Minnesota's largest dentist networks. We back this with an unparalleled commitment to service. Together with your employer, our goal is to help you maintain healthy, happy smiles all year round.

Prevention is key

Our plans are designed to encourage you to visit the dentist and help ensure your basic dental needs are met in a timely, cost-effective manner. Access to regular checkups and sound preventive care are key to long-term oral health.

Helpful Online Tools

As part of our commitment to your oral health, we offer comprehensive oral health information and easy-to-use online dental benefit tools. You can look up claims, search for a local area network dentist and more by visiting www.deltadentalmn.org.

Signing up is Easy

There are just 3 easy steps to sign up for your dental plan:

1. Review the two plan options and decide whether you want to sign up for either **Option 1** or **Option 2**.
2. Complete the enclosed Membership Enrollment Form, and other relevant information. Please complete all required fields.
3. Submit your completed and signed Membership Enrollment form to your Human Resources representative.

**Call us toll free at
1-800-553-9536.**

Employer Instructions

- Review Parts A, B, C, D, E, F and G to be sure all information is complete, accurate and legible.
- When reporting effective dates use contractual start and stop guidelines as defined in your contract (i.e., 1st of month, end of month, or actual dates).
- Delta Dental of Minnesota generally completes enrollment requests within five business days of receipt.

Complete Part H - Group Enrollment Information

- Check one reason for enrollment and provide requested information including coverage effective dates.
- **New Group** – New customer to Delta Dental and submitting initial employee enrollment. Complete the Prior Coverage Start Date only if your plan benefits include waiting periods and credit for prior creditable coverage applies. Note: For a New Group enrolling a Direct Billed COBRA participant, write Direct Bill in the New Group section. If information is not provided, participant will not be enrolled and billed properly.
- **Existing Delta Dental Group** – Enrolling additional employees from an acquisition/merger who were not previously offered/enrolled in your Delta Dental plan. Complete the Prior Coverage Start Date only if your plan benefits include waiting periods and credit for prior creditable coverage applies.
- **New Hire** – Enroll newly hired employee. If a probationary period applies, the coverage effective date is after the probationary period.
- **Open Enrollment** – An employee is enrolling during group's open enrollment period.
- **Rehire** – A former employee was rehired.
- **Return From Leave of Absence** – An employee is returning from leave of absence.
- **Employee Status Change** – The employee's employment status changed and the employee is now eligible for dental benefits.
- **Previously Waived Coverage or Loss of Coverage** – If an employee waives coverage, he/she can only enroll at a later date if the group contract includes an Open Enrollment period or if the individual has a loss of other insurance coverage. If an employee or dependent involuntarily loses coverage and are now eligible to enroll, complete this section.
- **Group Name** – Provide group name as listed in your contract.
- **Group and Subgroup Number** – Provide applicable numbers for individual employee.
- **Group Representative** – Sign, date, and provide your phone number.

Send Completed Forms To:

Delta Dental of Minnesota
Attn: Enrollment Department
PO Box 330
Minneapolis MN 55440-0330

Instructions for Completion of Membership Maintenance Form

Important Notes:

- Type or print clearly with a pen.
- All dates should be written in MM/DD/YYYY format.
- When reporting effective dates, use contractual start and stop guidelines as defined in your contract (i.e., 1st of month, end of month, or actual dates).
- Before submitting, review it to ensure you have provided all necessary information.
- If information is missing or illegible, this form will be returned to you and may delay your enrollment.
- Enrollment requests are generally completed within five business days of receipt by Delta Dental of Minnesota.

Part A: Employee Information - Complete all sections.

Part B: Change Request

- **Name Change** – Provide name as previously reported and new name.
- **Terminate Employee and All Dependents** – Only use this section if the employee and all dependent coverage is being terminated.
- **Change Employee Group/Subgroup** – Move employee from one group/subgroup to another for benefit, report or COBRA purposes.
- **For Millennium Choice Groups Change Plan Options at Open Enrollment** – Use for employees currently enrolled in Millennium Choice to select new Network during group's Open Enrollment.
- **For DeltaCare Groups Change Clinic Code** – List new clinic code found in DeltaCare Provider Directory.
- **Enroll in Voluntary Discount Orthodontic Program** – Applies only to groups offering this program.
- **Change Coverage Type, Add or Drop Dependent Due to Qualifying Event** – Complete this section to change *Coverage Type* and/or to add or drop dependent's coverage. Provide detailed information for each dependent being added or dropped in Part C.

Part C: Dependent Information

- List and complete all sections for each dependent to be added or dropped, if requested in Part B
- If more than four dependents are being reported, attach a list of additional dependent information in same format.

Part D: Employee Signature

- Please read and sign form as verification of your change request.
- Return completed form to your benefit administrator.

Part E: COBRA – Complete this section only if an individual has selected continuation of coverage under COBRA.

- Select a *Coverage Type*, the appropriate *Qualifying Event Number*, *Date of Qualifying Event* and *Effective Date of Coverage*.
- If employee is not enrolling for COBRA, provide Social Security Number of individual who is being enrolled.
- If group has a separate COBRA subgroup, it must be provided in Part B.

Part F: Group Information – Completed By Employer

- **Group Name** – Provide group name as listed in your contract.
- **Group and Subgroup Number** – Provide applicable numbers for individual employee.
- **Group Representative** – Sign, date, and provide your phone number.

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